

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>091992387</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.						
1							61					
2							62					
3							63					
4							54					
5							65					
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36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND.					
42							TOTAL DEP.					
43							TOTAL CLAIMS					
44												
45												
46												
47												
48												
49												
50												
TOTAL INC.	3											
TOTAL DEP.	15											
TOTAL CLAIMS	18											

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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